DOCUMENT RESUME

ED 263 726 EC 180 997

TITLE	The Status of Handicapped Children in Head Start Programs: Eleventh Annual Report of the U.S. Department of Health and Human Services to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start.
INSTITUTION	Administration for Children, Youth, and Families (DHHS), Washington, DC. Head Start Bureau.
PUB DATE	85
NOTE	42p.; For the Tenth Annual Report, see ED 250 863.
PUB TYPE	Reports - Research/Technical (143)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Delivery Systems; *Disabilities; *Handicap Identification; *Mainstreaming; National Surveys; Outreach Programs; *Preschool Education; *Services; State of the Art Reviews
IDENTIFIERS	*Project Head Start

ABSTRACT

Information is presented from a 1982-83 evaluation of services to handicapped children in Project Head Start. An initial chapter provides an overview of Head Start policies regarding services to handicapped children. Chapter 2 summarizes data from 1769 Head Start full year programs on three major topics: number of handicapped children enrolled, types of handicaps, and severity of handicaps. Findings include an increase of 4,913 handicapped children served from the previous year and a preponderance of speech impaired children (60.9% of the total handicapped population). Chapter 3 focuses on the following types of services: outreach and recruitment, diagnosis and assessment, mainstreaming and special services, and coordination with other agencies. Appended information includes diagnostic criteria for reporting handicapped children in Head Start and state-by-state survey results. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

SCOPE OF INTEREST NOTICE
The ERIC Facility has assigned this document for processing to:
In our judgment, this document is also of interest to the Clearinghouses noted to the right. Indexing should reflect their special points of view.

ED263726

THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

ELEVENTH ANNUAL REPORT OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO THE CONGRESS OF THE UNITED STATES ON SERVICES PROVIDED TO HANDICAPPED CHILDREN IN PROJECT HEAD START

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
Washington, D.C.

1985

EC180997

TABLE OF CONTENTS

Page

FOREWORD.....i

SUMMARY.....ii

Chapter 1. Handicapped Children in Head Start-Background Information.....1

A. Purpose of This Report.....1

B. Overview of Head Start Policies on Services to Handicapped Children.....1

Chapter 2. Status of Handicapped Children in Head Start.....5

A. Number of Handicapped Children Enrolled.....6

B. Types of Handicaps.....8

C. Severity of Handicaps.....14

Chapter 3. Services to Handicapped Children.....16

A. Outreach and Recruitment.....16

B. Diagnosis and Assessment of Handicapped Children....17

C. Mainstreaming and Special Services.....19

D. Coordination With Other Agencies.....26

APPENDIX A. Diagnostic Criteria for Reporting Handicapped Children in Head Start.....27

APPENDIX B. 1982 - 1983 Resource Access Project Network.....29

APPENDIX C. Survey Results of Handicapped Children in Head Start by State (or Geographic Entity).....31

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FOREWORD TO THE ANNUAL REPORT ON THE STATUS OF HANDICAPPED CHILDREN IN HEAD START

The progress of one of our government's wisest "investments" is never recorded in the Business and Financial pages of the nation's daily newspapers. For two decades the Federal government has been funding tomorrow's future through the HEAD START program of today.

The purpose, thrust and mission of HEAD START has not changed: it provides comprehensive developmental services to low income preschool children and their families. HEAD START programs emphasize education, social services, medical and dental assistance and nutrition, with a heavy accent on parental involvement so that each child's physical, social and educational progress is accelerated.

One facet of the HEAD START program merits a special salute: its service to handicapped children.

Since 1972, HEAD START has mounted a major and sustained effort to serve handicapped children. The number of handicapped children enrolled in the program has risen steadily since our data was first collected and reported: from 20,807 in 1973 to 54,904 handicapped children in 1983, including an increase of almost 5,000 above 1982 levels.

HEAD START has few rivals in providing services to the preschool handicapped child. The program provides handicapped children with active, day-to-day group experiences with nonhandicapped children. Giving handicapped children the opportunity to learn, to play, to live with nonhandicapped children takes them a giant step in the direction of participation together as responsible adults in their later years. During the early crucial years of growth, it is important for children to develop healthy attitudes and perceptions about each other and themselves. Putting handicapped youngsters on the "firing line" with their peers helps children reach that goal.

In 1983, 98% of all HEAD START programs had enrolled at least one handicapped child. These children received a full range of child development services in accordance with their special needs. These special services were provided either through the HEAD START program, through outside agencies or through a combination of both.

This Administration believes in Head Start. We will continue to support comprehensive services which improve the quality of family life. It is through an alliance -- a working partnership -- between the Head Start program, community resources and State and local government agencies, that we can best make an important contribution to the lives of preschool children and their families.

Margaret M. Heckler
Secretary

SUMMARY

Section 640(d) of the Head Start Act (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children. . . and that services shall be provided to meet their special needs (42 U.S.C. §9801)." This section continued a mandate first made a part of the Head Start legislation in 1974. In addition, the Head Start Act adopts the definition of handicapped children provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act (20 U.S.C. §1401(1)). P.L. 91-230 defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services.

Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

It has been estimated that there are 235,800 Head Start eligible handicapped children of preschool age (3-5) in the United States. Although there are various programs available to assist handicapped children, Head Start continues to make a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported from 22,807 in 1973 to 54,904 handicapped children in 1983.

This report is based on data from the Handicapped Services section of the Project Head Start 1982-1983 Annual Program Information Report, as well as other supplementary data. It discusses the status of handicapped children in those Full Year Head Start programs that responded to the survey (nearly 100 percent responded). Almost all Head Start programs are full year programs that operate eight to twelve months of the year. There are 36 Parent and Child Centers (designed to serve children 0 to three years of age and their families) that are not included in the survey.

Highlights are:

- The number of handicapped children served by Head Start programs increased by 4,913 children from the previous year to 54,904 in the 1982-1983 program year.

- Children professionally diagnosed as handicapped accounted for 11.9 percent of the total enrollment in the 1982-1983 program year. By comparison, in the 1981-1982 program year, children professionally diagnosed as handicapped accounted for 11.2 percent of the total enrollment in full year programs.

- An additional 10,360 children who had been referred by Head Start programs for diagnosis, but had not yet been professionally diagnosed, represent 2.3 percent of the total Head Start enrollment.

- The statute requires that 10 percent of the total number of enrollment opportunities in each State must be available for handicapped children but it does not require an actual enrollment of 10 percent handicapped children. However, one objective of ACYF is to achieve at least a 10 percent enrollment level of handicapped children in each State. In 49 of the 50 States and the District of Columbia, children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in these States and geographic entity in 1983. Only Texas (9.4 percent) fell short of the 10 percent enrollment level. In the prior year, California, Hawaii, New Jersey, and Texas fell below the 10 percent level, and all but Texas achieved the 10 percent level in 1983 with ACYF assistance. These figures are based on the total actual enrollment for the operating year.

- The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 60.9 percent speech impaired, 11.2 percent health impaired, 5.9 percent specific learning disabled, 5.8 percent physically handicapped, 5.7 percent mentally retarded, 4.5 percent seriously emotionally disturbed, 3.1 percent hearing impaired, 2.4 percent visually impaired, 0.3 percent deaf, and 0.2 percent blind.

- In 1983, 18.4 percent of the handicapped children enrolled in the reporting Head Start programs have multiple handicapping conditions. Some 17.3 percent of the handicapped children served required almost constant special education or related services, 52.2 percent a fair amount, and 30.5 percent little or some of these services. The proportion of children reported as requiring almost constant special education or related services reflected a slight increase of 0.7 percent over 1982.

- In 1983, 98 percent of all Head Start programs had enrolled at least one handicapped child.

- There were 939 programs (53.1 percent) that reported 5,429 handicapped children that were located by or referred to them that they were not able to enroll. The reason most frequently reported was that of not fitting age requirements (41.8 percent). The percent of such progams is slightly higher than in 1982 when 51.4 percent of the programs reported 3,150 handicapped children that they were not able to enroll.

The enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. In 1983, only 37 out of 1,769 Head Start programs served no handicapped children. Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis, i.e., that mainstreams preschool handicapped children.

Preschool programs that mainstream handicapped children give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during

the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of his or her disability.

There are some handicapped children who, for a variety of reasons, may do better at first in a non-mainstream environment or a home-based program. Others may benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Handicapped children enrolled in Head Start programs received the full range of child development services required in the Head Start Program Performance Standards as published in the Federal Register, June 30, 1975, for all Head Start children. These include education, parent involvement, social services, and health services (medical, dental, nutrition and mental health). In addition, they received the special education and related services required by the Head Start legislation. Some 91.7 percent of the Head Start programs reported special efforts to enroll and serve more severely handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively.

Head Start programs reported a number of special services provided to parents of handicapped children, including counseling; referrals to other agencies; visits to homes, hospitals, etc.; conferences with the technical staff and other parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance; and special classes.

Head Start and other agencies and organizations concerned with handicapped children coordinate efforts in order to make maximum use of their limited individual resources. Programs reported working with other agencies in several ways:

- 42.7 percent of the handicapped children were referred to Head Start by other agencies or individuals reflecting a substantial increase over those so reported in 1982 (28.1 percent); 20.1 percent of the handicapped children were referred and professionally diagnosed prior to Head Start reflecting a slight increase over 1982 (18.1 percent).

- 66.8 percent of the children received special education or related services from other agencies.

- 97.4 percent of the programs had written or informal agreements with local education agencies or other agencies regarding services for handicapped children.

Head Start programs also utilized volunteers and staff provided by outside agencies to meet the special needs of handicapped children. During 1982-1983, Head Start programs utilized 9,340 volunteers to provide special assistance to handicapped children, an increase of approximately 1,990 volunteers over the previous year. Programs also reported utilizing 6,062 staff from outside agencies, almost 10 percent more than last year.

Eight program manuals are being utilized to assist teachers, parents, and others such as diagnosticians and therapists in mainstreaming handicapped children. The series was developed in collaboration with teams of national experts and Head Start teachers, under the direction of the Head Start Bureau in the Administration for Children, Youth and Families (ACYF).

Head Start programs were also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each State's allocation figures are based on the number of handicapped children, 3 through 21 years of age, currently being served (20 U.S.C. §1411(a)(1)(A)). As a major provider of services to preschool handicapped children, Head Start program personnel worked with local education agencies to ensure that children who had been professionally diagnosed as handicapped and who were receiving Head Start services were included in the State "Child Count." In addition, Head Start programs coordinated their searches for unserved handicapped children with the Statewide "Child Find" efforts required under P.L. 94-142. Head Start personnel also utilized other resources such as the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

The purposes of P.L. 94-142 are carried out in Head Start where handicapped children are given an opportunity to interact with children of varied abilities, needs and talents. Additionally, the Head Start program provides the special education or related services required by handicapped children.

ACYF has also funded a network of projects called Resource Access Projects (RAPs) to provide training and technical assistance to Head Start grantees to enable them to serve handicapped children and their families. An interagency agreement between ACYF and the Office of Special Education in the Department of Education commenced in 1977 designating the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of the grantees in the development of State plans for preschool handicapped children as required under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 36 States or territories.

To ensure optimal transition by handicapped Head Start children into public school, Head Start personnel help parents participate in developing an Individual Education Program (IEP) for each handicapped child.

CHAPTER 1

Handicapped Children in Head Start
Background Information

A. Purpose of this Report

This is the Eleventh Annual Report to the Congress on Head Start Services to Handicapped Children. Pursuant to the Head Start Act (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions and the services being provided to them.

B. Overview of Head Start Policies on Services to Handicapped Children

Section 640(d) of the Head Start Act requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children. . . and that services shall be provided to meet their special needs" (42 U.S.C. §9835(d)). The data presented here reflect Head Start efforts to respond to this legislative mandate.

In addition, the Head Start Act specifies the definition of handicapped children provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act (20 U.S.C §1401(1)). P.L. 91-230 defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Head Start Bureau located in the Administration for Children, Youth and Families (ACYF) has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. Outreach and Recruitment - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would be detrimental to the child.

2. Needs Assessment, Screening and Diagnosis - Needs assessment, screening and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation in order to provide an adequate basis for special education, treatment and related services. Head Start programs must ensure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to ensure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. Emphasis is placed on ensuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.

3. Diagnostic Criteria and Reporting - In 1975, Head Start, the Office of Special Education (formerly the Bureau of Education for the Handicapped) in the Department of Education and other agencies that serve handicapped children reviewed the criteria then being used by Head Start for reporting purposes. Based on that review, an expanded set of criteria were developed which included the addition of a "learning disabilities" category in order to be consistent with P.L. 94-142, the Education for All Handicapped Children Act of 1975 (20 U.S.C. §1411(a)(1)(A)). The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, the criteria were specifically tailored to the developmental levels of the preschool population, aged 3-5.

   In 1978, malnutrition was deleted from the "health impairment" category. A careful review of this category indicated that the inclusion of severe malnutrition was inconsistent with other conditions included under "health impairment." Since then, malnutrition has been dealt with as part of the overall health services reporting and evaluation.

   Since program year 1981-1982, the reference to "autistic" children has been deleted from the category "serious emotional disturbance" and added to the category "health impairment" for the subsequent reporting of handicapped children in Head Start. This was done in accordance with the regulation issued in January 1981 by the Secretary of the Department of Education that made changes in the definition of "handicapped children" under Part B of the Education of the Handicapped Act, as amended by P.L. 94-142.

   Appendix A presents the diagnostic criteria used in reporting handicapping conditions of the children in 1982-1983 Head Start programs.

4. Severely and Substantially Handicapped Children - Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g., children whose vision with eyeglasses is normal or nearly so); and those children who are handicapped, as defined in the legislation and who, by reason of their handicap, require special education and related services (see Appendix A). The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment opportunities requirement. Head Start considers the children who need special services, namely those whose handicap cannot be corrected or ameliorated without such special services, as substantially or severely handicapped. Children with minimal or milder handicapping conditions, but who do not require special services, will continue to receive appropriate Head Start services but these children are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

   Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially handicapped children to learn and play with nonhandicapped children is vital to their optimal development.

   Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting, with nonhandicapped children. Severely handicapped children are enrolled in Head Start except when the professional diagnostic resource recommends that the placement would be detrimental to the child.

5. Services for the Handicapped Child - Head Start grantees and delegate agencies must ensure that all handicapped children enrolled in the program receive the full range of comprehensive services available to nonhandicapped Head Start children, including provision for participation in regular classroom activities. These services--education, social services, parent involvement and health services (including medical, dental, mental health and nutrition)--should consider the child's needs, his or her developmental potential and family circumstances. In addition, special education services and support services are provided to meet the unique needs of the individual handicapped child.

6. Mainstreaming - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As was noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of

learning and playing with nonhandicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. Program Models - Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include a home-based model, a locally designed option, a variation in center attendance option, and the standard five day center-based model, allow the flexibility necessary to individualize services to handicapped children and their families. Within each model, Head Start programs are encouraged to develop an individual service plan based on a professional's diagnosis and, with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. Collaboration with Other Agencies - As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to ensure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the State "Child Count" on which allocation of Federal education for handicapped funds is based. Head Start programs are also working with Statewide "Child Find" efforts in the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education for All Handicapped Children Act of 1975 and by other State and local funding auspices. Head Start actively pursues such arrangements.

9. Ten Percent Handicapped Enrollment by State - Head Start's objective is to achieve at least a 10 percent level of enrollment of handicapped children in each State and to provide the special education and related services necessary to meet the children's needs. ACYF Regional Offices work with individual Head Start grantees to help assure this objective. Regional Office staff help grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

CHAPTER 2

Status of Handicapped Children in Head Start

Section 640(d) of the Head Start Act requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through the Handicapped Services section of the Project Head Start 1982-1983 Annual Program Information Report (PIR) collected for ACYF by The MAXIMA Corporation. The Program Information Report was mailed to all Head Start grantees and delegate agencies in May 1983. Head Start programs reported on the status of handicapped children as of June 15, 1983, or the end of their operating year.

All but one of 1,829 questionnaires mailed to Head Start full year programs were complete and returned. Therefore, a response rate of almost 100 percent was achieved. Of these 1,829 questionnaires, 59 include some information for grantees that do not directly operate Head Start centers. Those grantees that directly operate Head Start centers and all delegate agencies were requested to complete all items on the PIR. The data in this report, therefore, are based on responses from these 1,769 Head Start full year programs. Almost all Head Start programs are full year programs that operate eight to twelve months of the year. There are 36 Parent and Child centers (designed to serve children 0 to three years of age and their families) that are not included in the survey.

The questionnaire gathered data in the following categories:

1. General - Number of both handicapped and nonhandicapped children actually enrolled and number of center-based classes operated.

2. Staff - Number of full time coordinators of services for handicapped children by type of degrees or licenses held, number of volunteers, number of staff provided by outside agencies, number of programs using PA 26 funds (Head Start funds earmarked for services to handicapped children) for staff, and number needing additional funds for staff.

3. Enrollment of Handicapped Children - Data on number of handicapped children enrolled who were professionally diagnosed (reported by handicapping conditions), levels of special education or related services required, multiple handicaps, referrals from outside Head Start, ages, home-based and center-based experience. Also reported were the number of handicapped children who were located by or referred to Head Start programs that were not able to be enrolled, and the number not yet professionally diagnosed but believed to be handicapped at the time of the survey.

4. Services - Data on number of handicapped children, by handicapping condition, receiving services from Head Start and other agencies; number of programs offering special education and related services for handicapped children and their parents which were provided by Head Start and other agencies; the number of classes with at least one

handicapped child enrolled; number of programs reporting utilization of PA 26 funds, and need for additional funds to modify facilities or provide materials or equipment to serve handicapped children; and agreements with other agencies to provide needed services to handicapped children.

Data on enrollment of children professionally diagnosed as handicapped, multiply handicapped, levels of special education or related services required, and number of those children receiving services by Head Start and other agencies were reported by handicapping condition.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 235,800 Head Start eligible handicapped children of preschool age (3-5) in the United States.* Although Head Start, with its current enrollment level, cannot meet the needs of all these handicapped children, it is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has increased since the data were first reported in 1973. In November-December 1973, Head Start programs were serving 22,807 handicapped children or 10.1 percent of their enrollment. As of June 1983, Head Start programs reported that they had served 54,904 handicapped children or 11.9 percent of their enrollment during the 1982-1983 program year. The proportion of handicapped children served has ranged from 10.1 percent to 13.4 percent of Head Start enrollment since 1973. All but a small fraction of these children are being mainstreamed.

Highlights are:

- There were 54,904 handicapped children served in Head Start programs in 1983. This represents an increase of 4,913 children over the 49,991 handicapped children served in 1982. Children professionally diagnosed as handicapped accounted for 11.9 percent of total actual enrollment in Head Start programs, a slight increase from the 11.2 percent in 1982.

- In 49 of the 50 States and the District of Columbia, children professionally diagnosed as handicapped accounted for at least 10 percent of Head Start enrollment in these states and geographic entity in 1983. In the prior year, California, Hawaii, New Jersey, and Texas fell below the 10 percent level and all but Texas achieved 10 percent in 1983 with ACYF assistance.

The total enrollment figure used as the denominator in the equation to compute percent of handicapped children was based on the actual number of children enrolled over the entire 1982-1983 program year, including dropouts and late enrollees. This

---

* The March 1983 Current Population Survey conducted by the Bureau of the Census reported that the number of children in poverty in the age group 3-5 is 2,358,000. Based on the estimated prevalence of handicapped children in this age group, it is estimated that 10 percent, or 235,800 of these children are handicapped.

figure of 460,684 is higher than that of 414,950 which is the funded enrollment figure. The funded enrollment figure is the number of children Head Start programs have been funded to serve in the program year. While the statute requires that 10 percent of the total number of enrollment opportunities in each State must be available for handicapped children, it does not require an actual enrollment level of 10 percent handicapped children. However, one objective of ACYF is to achieve at least a 10 percent enrollment level in each State.

Head Start has exceeded 10 percent nationally with a 11.9 percent enrollment, and only Texas, with 9.4 percent, fell short of the 10 percent enrollment target based on actual enrollment. The percent of handicapped children based on funded enrollment would be at the 10 percent level for Texas.

In addition, the following geographic entities were below the 10 percent enrollment level: Guam, 8.1 percent; Virgin Islands, 4.6 percent; Trust Territories of the Pacific Islands, 3.6 percent; and American Samoa, 0.4 percent. (Appendix C provides enrollment data for each State and geographic entity, and Indian and Migrant programs.)

In the case of the State and other geographic entities that have less than 10 percent handicapped enrollment, efforts are underway to increase the enrollment of handicapped children. The ACYF Regional Offices are working with the Head Start programs in these areas to identify the reasons for the level of enrollment of handicapped children and to devise specific strategies for increasing their enrollment of handicapped children. In the Pacific, a strategy of providing one longer annual visit is being employed to provide extended on site assistance for remote areas and maximize travel resources. In the Virgin Islands, efforts are continuing to increase coordination of resources. Progress toward increasing enrollment in these areas will be reported in next year's Annual Report.

Approximately 98 percent of the full year Head Start programs served at least one handicapped child. Head Start programs operated centers with 20,587 classes; 80.4 percent of these classes served at least one handicapped child during the 1982-1983 program year.

Approximately 71 percent of Head Start programs have enrolled at least 10 percent handicapped children in 1983 reflecting an increase over the proportion so reporting in 1982 (66.7 percent). The proportion of Head Start programs serving at least 10 percent handicapped children steadily increased through 1978 to 76 percent, and has ranged between 67 percent and 73 percent since 1978.

There were 3,536 handicapped children served in the home-based option, a program which uses the home as the central facility and focuses on the parents as the primary factor in the child's development. These children represent 6.4 percent of all handicapped children in Head Start. The vast majority, 89 percent of these children (3,163), attended a group experience at least once a month.

Of tne 54,904 handicapped children served by Head Start programs, 25.2 percent were 3 years of age or under, 58.2 percent were 4 years old, 15.6 percent were 5 years old, and about 1 percent were 6 years or older. (Head Start children 6 years of age or older are in communities where the children go directly from Head Start into first grade, predominantly in the southeastern States.) Data on age of handicapped children enrolled in home-based and center-based options indicate that those in the home-based option are slightly younger as a group; 42.8 percent of the home-based children are 3

years old or younger, while only 24 percent of the center-based children are 3 years old or younger.

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities who by reason thereof require special education and related services.

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Figure 1 and Table 1 as a proportion of the total population of handicapped children in Head Start programs in 1983. Of the handicapped children enrolled in Head Start, 60.9 percent have been diagnosed as speech impaired. This is by far the largest category of handicapped children served in Head Start programs. The size of this category has been of concern. The State Education Agencies report an even higher proportion of speech impaired children in the preschool age range which they are serving under P.L. 94-142 (see Figures 1 and 2). In addition, Head Start requires that all children be professionally diagnosed and a previously completed study on the speech impaired has determined that most of the children categorized as speech impaired in Head Start had been appropriately diagnosed. Thus, the proportion of speech impaired children served by Head Start is consistent with the proportion of preschool children in the larger population served under P.L. 94-142 by the public schools.

In 1983 work was initiated on revised guidance on handicapped services which clarifies procedures for screening and diagnosis of children who appear to have possible handicaps, including speech impairment, and promotes the enrollment in Head Start of increased numbers of children who have severely handicapping conditions. A Resource Access Project Task Force is also under way to analyze and make recommendations on the Diagnostic Criteria For Reporting Handicapped Children in Head Start. These efforts should ensure that Head Start continues to serve handicapped children across the broad range of handicaps defined in the legislation.

FIGURE 1

PRIMARY OR MOST DISABLING HANDICAPPING CONDITION
OF HANDICAPPED CHILDREN ENROLLED IN FULL YEAR HEAD START

June 1983

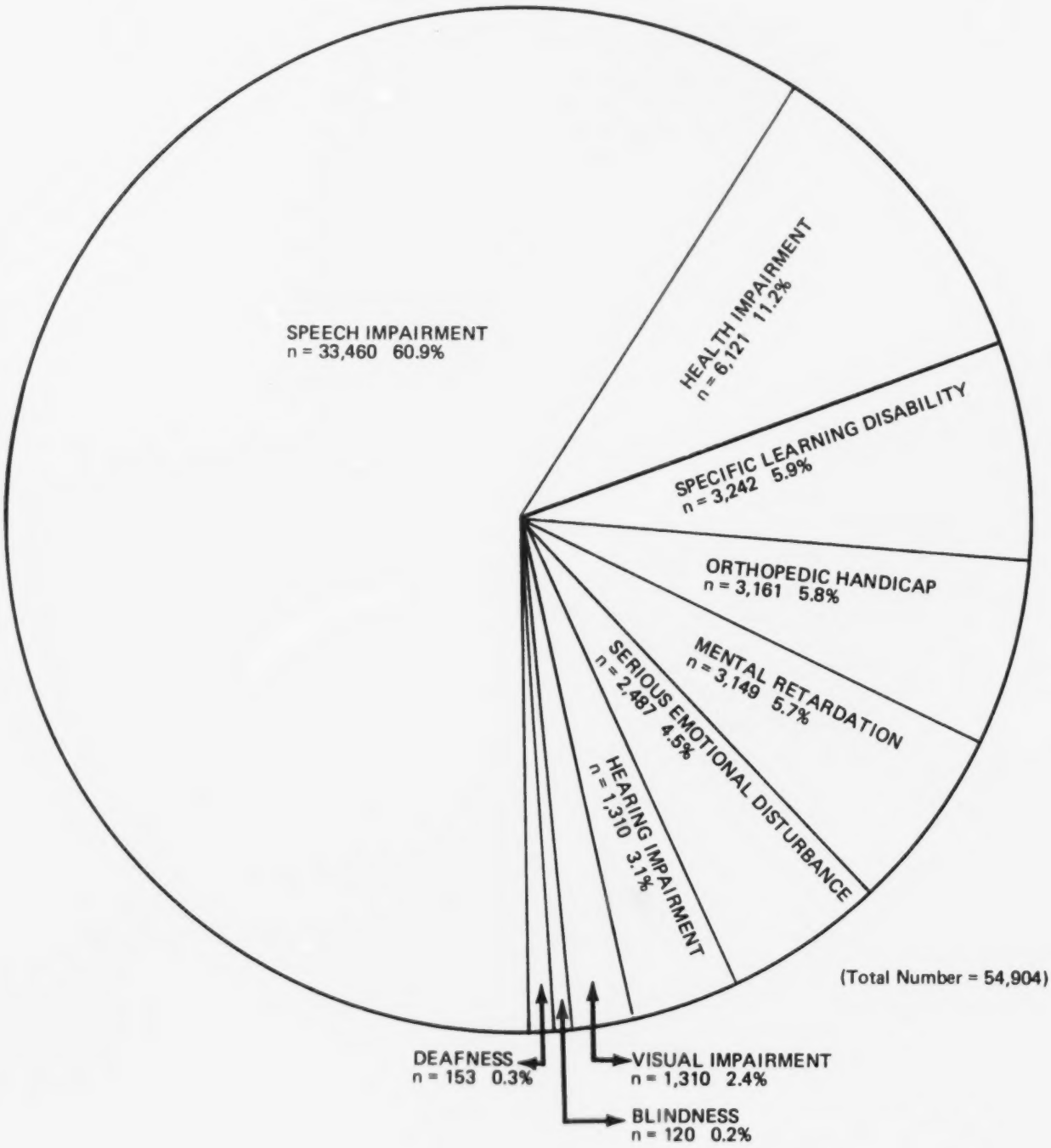
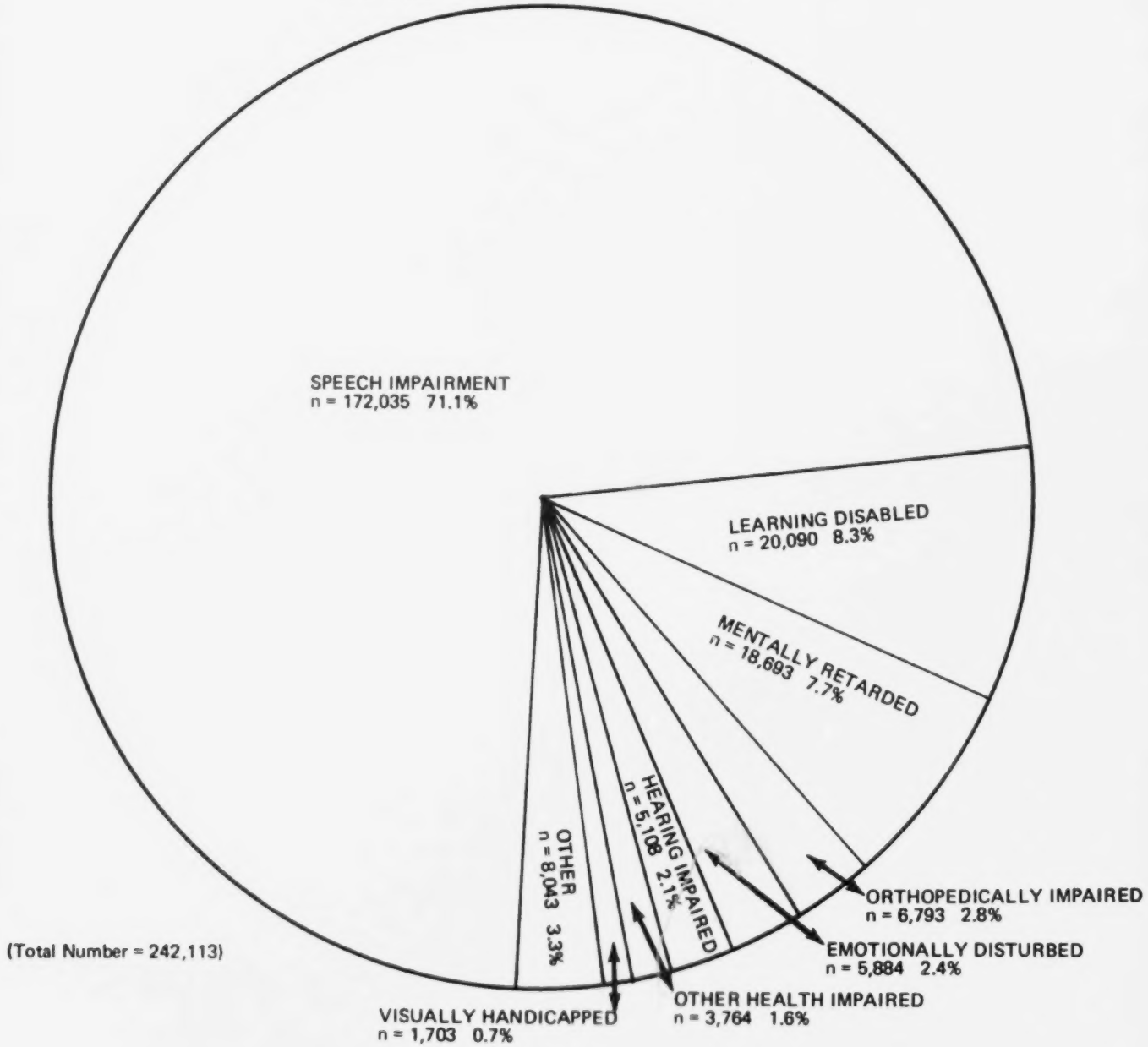


FIGURE 2

DIAGNOSTIC CATEGORY OF HANDICAPPED CHILDREN
AGES 3 – 5 AS REPORTED BY STATE EDUCATION AGENCIES

December 1982

Source: Data from the Office of Special Education, U.S. Department of Education. The data were reported by State Education Agencies as child count figures for 3–5 year old children served.



Note: The Visually Handicapped category includes blind children. Hearing Impaired includes deaf children; and Other Health Impaired includes deaf-blind and multiple handicapped children.

TABLE 1

Types of Handicapping Conditions of Children Professionally Diagnosed as Handicapped

Handicapping Condition	Number	Percent of Total Number Of Children Professionally Diagnosed as Handicapped
Speech Impairment	33,460	60.9
Health Impairment	6,121	11.2
Specific Learning Disability	3,242	5.9
Physical Handicap (Orthopedic)	3,161	5.8
Mental Retardation	3,149	5.7
Serious Emotional Disturbance	2,487	4.5
Hearing Impairment	1,701	3.1
Visual Impairment	1,310	2.4
Deafness	153	0.3
Blindness	120	0.2
TOTAL	54,904	100.0

Head Start programs have enrolled children with a wide range of handicapping conditions. Ninety-six and one-tenth percent of the programs enrolled at least one child who was speech impaired; 64.8 percent of the programs enrolled at least one child whose primary handicapping condition was health impairment; for physical handicap, the proportion was 60.4 percent; mental retardation, 47.5 percent; specific learning disability, 43.6 percent; serious emotional disturbance, 42.3 percent; hearing impairment, 37.2 percent; visual impairment, 34.4 percent; deafness, 6.7 percent; and blindness, 6.3 percent.

There were 33,460 speech impaired children enrolled in Head Start programs. The data on the specific conditions of speech impairment are presented in Table 2.

TABLE 2

Specific Handicapping Conditions of
Children Professionally Diagnosed as Speech Impaired

Specific Conditions	Percent of Total
Expressive or Receptive Language Disorders	53.3
Severe Articulation Difficulties	39.7
Severe Stuttering	1.9
Voice Disorders	1.4
Cleft Palate, Cleft Lip	1.4
Other Speech Disorders	2.3
TOTAL	100.0

Tnere were 6,121 health impaired children enrolled in Head Start programs. The data on the specific conditions of health impairment are presented in Table 3.

TABLE 3

Specific Handicapping Conditions of Children
Professionally Diagnosed as Health Impaired

Specific Conditions	Percent of Total
Respiratory Disorders	21.9
Epilepsy/Convulsive Disorders	14.8
Blood Disorders (e.g., Sickle Cell Disease, Hemophelia, Leukemia)	12.0
Severe Allergies	10.6
Heart/Cardiac Disorders	8.9
Neurological Disorders	6.6
Autism	1.8
Diabetes	1.3
Other Health Disorders	22.1
TOTAL	100.0

There were 3,161 physically handicapped children enrolled in Head Start programs. The data on the specific conditions of physically handicapped are presented in Table 4.

TABLE 4

Specific Handicapping Conditions of Children
Professionally Diagnosed as Physically Handicapped
(Orthopedically Handicapped)

Specific Conditions	Percent of Total
Cerebral Palsy	28.7
Congenital Anomalies	16.4
Deformed Limb	11.7
Bone Defect	9.6
Spina Bifida	6.7
Oro/Facial Malformation	3.2
Absence of Limb	3.1
Severe Scoliosis	2.1
Arthritis	1.8
Other	16.7
TOTAL	100.0

There were 3,242 specific learning disabled children enrolled in Head Start programs. The data on the specific conditions of specific learning disabled are presented in Table 5.

TABLE 5

Specific Handicapping Conditions of Children
Professionally Diagnosed as Specific Learning Disabled

Specific Conditions	Percent of Total
Motor Handicaps	30.7
Perceptual Handicap	20.4
Sequencing and Memory	16.9
Hyperkinetic Behavior	12.7
Minimal Brain Dysfunction	6.7
Developmental Aphasia	2.7
Dyslexia	0.6
Other	9.3
TOTAL	100.0

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatments and services. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor services for that child in order to provide a focused, systematic plan of action.

In 1983, 10,104 (18.4 percent) of the handicapped children enrolled in Head Start programs had multiple handicapping conditions. Although the proportion is about the same as the previous year, this is an increase in the number of multiply handicapped children reported last year (9,126) and represents the first year with an increase after four consecutive years of decline. Multiply handicapped children declined from 27.7 percent of all handicapped children in 1978 to 18.3 percent in 1982.

Compared to other handicapping conditions, mentally retarded children (66.4 percent) and deaf children (64.7 percent), show the highest incidence of multiple handicap, and speech impaired children the lowest (7.2 percent). Table 6 provides specific data by primary handicapping condition on the number of children who have multiple handicapping conditions.

TABLE 6

Distribution of Number of Children by Primary or Most Disabling Handicap Who Have One or More Other Professionally Diagnosed Handicapping Conditions

Primary Handicapping Condition	Number of Children Reported	Number of Children With One or More Other Handicapping Conditions	Percent of Children Who Have One or More Other Conditions
Mental Retardation	3,149	2,092	66.4
Deafness	153	99	64.7
Hearing Impairment	1,701	673	39.6
Specific Learning Disability	3,242	1,272	39.2
Blindness	120	43	35.8
Physical Handicap	2,161	1,114	35.2
Serious Emotional Disturbance	2,487	842	33.9
Visual Impairment	1,310	281	21.5
Health Impairment	6,121	1,292	21.1
Speech Impairment	33,460	2,396	7.2
TOTAL	54,904	10,104	18.4

Finally, 17.3 percent of the handicapped children served required almost constant special education or related services, 52.2 percent a fair amount, and 30.5 percent little or some of these services. Compared to last year, those children requiring almost constant special education or related services increased 0.7 percent from 16.6 percent and those requiring a fair amount increased 1.3 percent from 50.9 percent while those requiring little or some services decreased 2 percent from 32.5 percent. As in the previous years, deaf, mentally retarded, blind, and seriously emotionally disturbed children required the highest levels of almost constant services.

ACYF continues to pursue an active outreach and recruitment effort for enrolling and serving severely handicapped children. A step in process is that of requesting Head Start programs to address how they will seek to increase the enrollment of more severely handicapped children.

CHAPTER 3

Services to Handicapped Children

Local Head Start programs developed and carried out activities and services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start, particularly more severely handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continued to increase their own staff, facilities, and other capabilities to meet the needs of the handicapped children enrolled. In addition, the programs used other agencies as sources of special services. This chapter reports on the degree to which these activities and services are being performed, and utilization of staff, facilities, and materials.

A. Outreach and Recruitment

The data regarding outreach and recruitment were collected specifically on efforts to enroll and serve more severely handicapped children. In previous years, programs reported on special efforts and outreach and recruitment activities utilized to recruit handicapped children in general. Of the Head Start programs, 91.7 percent reported steps taken to enroll and serve more severely handicapped children. The most frequent steps taken by programs reporting these data were: coordination with other agencies serving severely handicapped children (81.9 percent), specific outreach and recruitment procedures aimed at severely handicapped children (61.4 percent), and sharing services with other agencies serving severely handicapped children (57.9 percent). Programs also reported that they held orientation sessions for local diagnosticians and provided them with special materials, etc. (26.9 percent), made change(s) in recruitment and enrollment criteria (18.7 percent), and took other steps (11.3 percent).

Head Start programs and other agencies serving handicapped children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies provide the needed special services.

Fifty-three percent of all Head Start programs reported that they were not able to enroll 5,429 handicapped children located by or referred to them. In 1982, 51.4 percent of the programs reported that they were not able to enroll some handicapped children. However, the number of children that Head Start programs were not able to enroll represents a substantial increase over those reported the prior year (3,150) and all previous years. Table 7 provides data on the number and percent of such programs, the number of handicapped children, and indicates the primary reason why they were not able to enroll these children. Most common among these reasons were: the children did not fit the age requirements, other agencies serve these children, no available openings, and child's parents refused.

TABLE 7

Rank Ordering By Number and Percent of Programs of Reported Reasons Why Some Handicapped Children Located by or Referred to Head Start Programs Were Not Enrolled

Primary Reasons* for Not Enrolling Some Handicapped Children	Number of Programs	Percent of the 939 Reporting Programs	Number of Handicapped Children Not Enrolled
Did not fit age requirements	347	41.8	786
Other agencies serve these children**	341	41.0	930
No available openings	309	37.2	1,140
Child's parents refused	292	35.1	540
Did not meet income guidelines	249	30.0	858
Handicap too severe for child to benefit from Head Start	207	24.9	331
Lack of adequate transportation	172	20.7	371
Other	139	16.7	473

B. Diagnosis and Assessment of Handicapped Children

The Head Start statutory definition of handicapped children excludes from reporting as handicapped those children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting and, more importantly, to ensure that children who are considered handicapped are not mislabeled or misdiagnosed, and to identify the requested special education and related services, Head Start requires that each child reported as handicapped be diagnosed by appropriate professionals. At the time of data collection, all of the 54,904 children reported as handicapped had been diagnosed by qualified professionals. Of these children, 20.1 percent were referred to Head Start by other agencies or individuals and diagnosed prior to Head Start. Another 22.6 percent were similarly referred, but diagnosed after Head Start enrollment. This is a total of 42.7 percent who were referred to Head Start over those so reported in 1982 (28.1 percent).

---

* Head Start programs could report more than one reason as they reported on the primary reason for each of the handicapped children located by or referred to them that they were not able to enroll.

** Head Start programs do, however, serve children who are also served by other agencies when this would lead to the full provision of comprehensive services for the child.

Over half (51.5 percent) of the total handicapped children were diagnosed between the time of enrollment in Head Start and January 31, 1983. Close to one-third (31.5 percent) were diagnosed prior to enrollment in Head Start, and 17 percent between February 1, 1983 and the end of the operating period for the programs. In addition, there were 10,360 children who had been referred by Head Start programs for diagnosis but had not yet been professionally diagnosed. These children, believed to be handicapped, represent 2.3 percent of the actual enrollment in Head Start.

In some communities, the Head Start program was the only channel of diagnosis for preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, the diagnoses were provided by professional diagnostic teams and/or individual professionals, employed as Head Start staff or consultants. In other situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

Step 1: An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific handicap) makes both a categorical diagnosis and a functional assessment. Head Start diagnostic criteria (see Appendix A in Chapter 1) are used to make a categorical diagnosis. The categorical diagnosis is used primarily for reporting purposes and for overall program planning. The categorical diagnosis is consistent with procedures Head Start programs must follow to ensure confidentiality and to guard against mislabeling. No individual child is identified publicly as "handicapped." Only the aggregate numbers of children with specific handicapping conditions are reported by local Head Start programs to the ACYF.

Step 2: The diagnostic team also develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An Individual Program Plan (IPP) or an Individual Education Plan (IEP) is developed based on the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and describes the special education and related services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents, and the child's teacher.

Step 4: Ongoing assessment of the child's program is made by the Head Start teacher, the parents, and, as needed, by the diagnostic team. The Individual Program Plan and the delivery of services are modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for continuity of services when the child leaves the program. This may include: (1) updating the assessment information with the development of recommendations for future treatment; (2) conducting an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child; and (3) transferring of files, with parental consent. The public school is the primary agency responsible for following up to ensure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team with close and continuing involvement of parents appears to be the best way to ensure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning, and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services--medical, dental, nutritional, mental health, social services, and parent participation--tailored to the specific capabilities of each child. In addition, handicapped children are to receive special education, therapy, or other services, either within the Head Start program or as provided by other agencies. Parents of these handicapped children also receive training, counseling, and support services.

Mainstreaming - By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with nonhandicapped children at an early age can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Preschool programs where handicapped children are mainstreamed give disabled children a chance to play and learn with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The nonhandicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capabilities.

A two year evaluation of mainstreaming in Head Start, conducted for ACYF,* indicated that mainstreaming in Head Start has been generally successful and has included nearly all handicapped children in Head Start. The study established that high levels of time spent in a mainstreaming situation were positively related to developmental gains and increased positive social interaction by Head Start handicapped children.

ACYF has initiated a followup evaluation of the effects of mainstreaming handicapped children in Head Start. The purpose of this study is to follow the children and parents who participated in the former two year study to determine what happens to these children as they progress through public and non-public educational systems. This study will provide longitudinal data on children's receipt of special education and related services during the school years 1977-1984. Results from this followup study are expected to be available in the spring of 1985.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, some children who, at least initially, may do better in a home-based program. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the nonhandicapped peer group. Others benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis. In 1983, 98 percent of the Head Start programs had enrolled at least one handicapped child. Moreover, the data showed that handicapped children were present in 80.4 percent of the Head Start classrooms in 1983. These levels are generally comparable to 1981 and 1982.

Special Services - Handicapped children have special needs which require special services. They may also require special equipment, materials, or modification of existing facilities. The special services required may be provided through Head Start or through outside agencies, or through a combination of both. Table 8 reports comparative levels for special services provided to handicapped children and their parents in 1981, 1982, and 1983, by reporting Head Start programs.

---

* Applied Management Sciences (AMS), an independent research firm, completed their evaluation of mainstreaming in Head Start in February of 1979. The AMS evaluation reports are available through the Educational Resources Information Center (ERIC) System. These reports are available for purchase from Computer Microfilm International Corp., ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703-841-1212). The order numbers are ED 168-236 through 240, ED 168-291, ED 176-433, and ED 177-803.

TABLE 8

Three Year Comparison of Special Services Provided to Handicapped Children Enrolled in Full Year Reporting Head Start Programs

Services Provided	1981	1982	1983
Total number of children who are receiving special education or related services from Head Start staff*	37,462	47,092	51,697
Total number of children who are receiving special services from other agencies	25,138	33,449	36,664
Total number of parents receiving special services from Head Start related to their child's handicap	38,438	35,726	39,217

In each category of special services, the trend of increased numbers of children receiving special services continues. The number of children receiving special education or related services from Head Start staff increased by 9.8 percent from 47,092 to 51,697 in 1983. In the three previous years, increases ranged from 6 percent to 26 percent. The total number of children receiving special services from other agencies increased at the same rate. Children served by other agencies increased 9.6 percent from 1982 to 1983. This increase is within the levels observed in other years (5 percent to 33.1 percent).

The number of parents receiving special services from Head Start increased by 9.8 percent from 35,726 in 1982 to 39,217 in 1983. This increase more than doubles the number of parents served in 1977.

About 94.2 percent of the handicapped children received special education or related services from Head Start staff and 66.8 percent received special services from other agencies. About 61.9 percent of the handicapped children received services from both sources, reflecting a small decrease compared with 62.6 percent so reported in 1982. Less than one-third (32.3 percent) received services from Head Start staff only, and 4.9 percent from other agencies only. Only 0.9 percent of the children received no special education or related services. This figure is lower than the 1982 figure of 1.5 percent and much lower than that of 5.5 percent for 1981.

---

* The questionnaire for the 1981 data reported here included the phrase "in the classroom."

Special Services Provided by Head Start

Head Start programs provide many special education and related services to handicapped children. These services range from individualized instruction to counseling for parents and psychological and physical therapy.

The special education or related services provided by Head Start staff, listed in order of the proportion of programs providing the services, are: individualized teaching techniques (92.6 percent); speech therapy and language stimulation (83.1 percent); transportation (80.1 percent); counseling for parent or family (78.5 percent); education in diet, food, health, and nutrition (77.6 percent); special teaching equipment (64.3 percent); psychotherapy, counseling and behavior management (57.6 percent); special equipment for children (36.4 percent); physical therapy and physiotherapy (18.3 percent); occupational therapy (12.6 percent); and other services (12.7 percent).

Special Services Provided by Other Agencies

Head Start also received services for handicapped children in their programs from other agencies. These services, listed in order by the proportion of programs receiving services, are: medical or psychological diagnosis, evaluation or testing (85.6 percent); speech therapy and language stimulation (78 percent); medical treatment (76.6 percent); family or parental counseling (69.5 percent); assistance in obtaining special services included in IEP/IPP (67.9 percent); individualized teaching techniques (60.7 percent); psychotherapy, counseling and behavior management (60.4 percent); special equipment for children (49.8 percent); physical therapy (46 percent); education in diet, food, health, and nutrition (37.5 percent); transportation (34.7 percent); occupational therapy (31.9 percent); special teaching equipment (31.6 percent); and other services (5.4 percent).

Special Services Provided to Parents of Handicapped Children

Of the Head Start programs serving handicapped children, 92.1 percent provided special services to parents of handicapped children. The services, listed in order of percent of programs providing the services, are: referrals to other agencies (85.3 percent); counseling (79.6 percent); conferences with technical staff and other meetings (76.5 percent); literature or special teching equipment (74.6 percent); visits to homes, hospitals, etc. (73.7 percent); transportation (72.9 percent); medical assistance in securing medical services (67.2 percent); parent meetings (66.3 percent); workshops on school services (54.3 percent); special classes (36.1 percent); and other services (8.7 percent).

Other Special Services Provided by Head Start

In 1983, 87.1 percent of the Head Start programs had a coordinator of services for handicapped children. In 1983, 41.3 percent of the programs reported a full time coordinator as compared to 70.8 percent in 1982 and 52.8 percent in 1981. This may reflect some difference in the way the questionnaire item was worded in 1981 and 1982 compared to 1983. In 1981 and 1982 information was requested only on any full time person responsible for coordinating services for handicapped children. The Head Start program does not require that this be a full time position and responses to the questionnaire in 1981 and 1982 may have included persons employed full time but serving part time in the position of Handicapped Services Coordinator. Of the 1,769 programs in 1983, 81.8 percent had a coordinator with a degree or license. In 19.6 percent, the coordinator's degree or license was in early childhood/special education, in

17.1 percent, it was in special education, 9.8 percent in speech pathology/audiology, 9.2 percent in psychology, and 50.3 percent in some other area.

PA 26 funds were used by 33.9 percent of the programs to pay for full or part time teaching staff, 78.7 percent for full or part time specialists or consultants, and 9.6 percent for special modifications in physical facilities. Programs also reported purchasing or leasing various types of materials or equipment. These included 65.2 percent of the programs securing instructional materials, 59.1 percent screening/diagnostic tests, 38.2 percent special play equipment, 13 percent special transportation equipment, and 15 percent other materials and equipment.

In 1983, 9,340 volunteers in over 41 percent of the Head Start programs provided special assistance to handicapped children. This is an increase over the 7,350 volunteers reported in 1982 programs. In addition, 6,062 staff members that provided special assistance to handicapped children in 55.6 percent of the Head Start Programs were from other agencies. This is a slight increase from 1982 when 5,494 staff from outside agencies in over 55 percent of the programs provided special assistance.

Resource Access Projects (RAPS) - Head Start's commitment to individualization for all children, including those with handicaps, has provided the basis for mainstreaming handicapped children in a setting with nonhandicapped youngsters.

Head Start's effort to serve handicapped children, including the severely handicapped, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Head Start Bureau of ACYF established a network of fifteen Resource Access Projects (RAPs) to serve a designated number of Head Start grantees in each ACYF region throughout the nation. A sixteenth RAP was funded in 1984 to serve Indian grantees in ten western States and the fifteen RAPs will provide services to Migrant grantees.

It is the responsibility of each RAP to assist Head Start in working with handicapped children. Activities performed by each RAP include the following:

- Identify local, regional and national resources;
- Determine local Head Start needs and match these needs with available resources;
- Coordinate the delivery of services to Head Start programs;
- Provide training and technical assistance;
- Promote and facilitate collaborative efforts between Head Start and other agencies; and
- Provide resource materials to Head Start grantees.

Additionally, the RAPs have responsibility for providing training designed to introduce the eight resource manuals in the series Mainstreaming Preschoolers* which focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents in working with handicapped children. The RAPs are responsible for conducting a minimum of one workshop per State each year, and have been designated as the primary mechanism for dissemination of the Mainstreaming Preschoolers series.

In 1982-1983, the RAPs conducted mainstreaming training for 15,407 teaching staff (including home visitors and other personnel). A separate contract was awarded to evaluate the mainstreaming training. In a sample of about 400 Head Start programs contacted by the contractor evaluating the RAPs, it was found that 29 percent of the Head Start teachers had received mainstreaming training during 1982-1983. Evaluations by participants have shown that these conferences were very successful. Teachers and other Head Start staff members, including aides, directors, parents, and support staff, have indicated that they have benefited greatly from the training. Ninety-six percent of the trainees who completed evaluation forms gave the RAPs the top two ratings on the scale used to evaluate training. Further, from the sample of 400 programs, Head Start programs indicated that training was the most valuable service provided by RAPs.

Participants indicated they learned new skills for working with handicapped children and learned to work more comfortably with handicapped children. They anticipated that they would do three or four things differently as a result of training (e.g., closer observation of handicapped children, use new materials and resources to work with handicapped children in the classroom, etc.). Followup evaluations conducted three to six months after the training took place, indicated that trainees had adopted an average of between three and four new practices as a result of the training conferences. Ninety percent of the changes originally expected by the trainees did occur, along with additional changes not originally anticipated.

The RAP training and the Mainstreaming Preschoolers manuals have been widely acclaimed not only throughout the Head Start community, but have also achieved recognition far beyond the Head Start programs for which they were primarily

---

*For the information of those working in programs for handicapped children, the series of eight program manuals detailing the procedures and techniques for mainstreaming handicapped preschoolers into Head Start Classrooms is for sale by the Government Printing Office. Requests should be addressed to: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders must be accompanied by a check or money order made payable to the Superintendent of Documents. The orders must also include titles and GPO stock numbers. The documents that are available are Mainstreaming Preschoolers: Children With Mental Retardation (GPO Stock No. 017-092-00029-4), $6.50; Mainstreaming Preschoolers: Children With Visual Handicaps (GPO Stock No. 017-092-00030-8), $6.00; Mainstreaming Preschoolers: Children With Health Impairments (GPO Stock No. 017-092-00031-6), $6.50; Mainstreaming Preschoolers: Children With Hearing Impairments (GPO Stock No. 017-092-00032-4), $6.50; Mainstreaming Preschoolers: Children With Speech and Language Impairments (GPO Stock No. 017-092-00033-2), $6.50; Mainstreaming Preschoolers: Children With Orthopedic Handicaps (GPO Stock No. 017-092-00034-1), $6.50; Mainstreaming Preschoolers: Children With Learning Disabilities (GPO Stock No. 017-092-00035-9), $6.50; Mainstreaming Preschoolers: Children With Emotional Disturbances (GPO Stock No. 017-092-00036-7), $6.50.

intended. The manuals have been sent to other Federal agencies, national professional associations, volunteer organizations that provide services to handicapped children, and State educational agencies. The series has been shared with foreign governments as well.

Other major foci of the fifteen RAPs include promoting collaboration between Head Start and other programs and agencies serving handicapped children, and facilitating the inclusion of Head Start in the State plans for serving handicapped children, required under P.L. 94-142. An interagency agreement between ACYF and the Office of Special Education in the Department of Education commenced in 1977 designating the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development of the State plans for preschool handicapped children which are required under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 36 States or territories. Three new written agreements and one reconfirmation of a previous written agreement were signed during the 1982-1983 program year, two of which were between ACYF and SEAs and two were between the Head Start grantees and health and education departments.

Some key points from three of these written agreements are provided as examples. In Michigan, the Special Education Services and Head Start agree to explore areas of collaboration in serving handicapped preschool children. Ways to promote an integrated plan will be explored for the individual preprimary handicapped child referred to or enrolled in Head Start and Special Education. In Mississippi, the agreement specifies that local education agency (LEA) and Head Start personnel should develop procedures for a smooth transition for handicapped children from Head Start to the district program. Head Start programs will be contacted twice a year by Child Find to remind them that district personnel are looking for handicapped children, and Head Start programs and LEAs will refer families to each other's programs as appropriate. In the Marshall Islands, to reduce duplication of services, the signing parties will share program services, referrals, and assessment procedures whenever possible. Additionally, they will develop a comprehensive list of programs and services available or potentially available and will disseminate this information. In addition, 97 percent of the Head Start programs report written or informal agreements with LEAs and other agencies regarding services for handicapped children.

On September 23, 1983, the U.S. Department of Health and Human Services, Office of Human Development Services and the U.S. Department of Education, Office of Special Education and Rehabilitation Services, signed an Interagency Agreement for a $400,000 project to improve services to young handicapped children. Funding for the project is being provided by the Department of Education, Special Education Programs ($300,000) and the Department of Health and Human Services, Administration for Children, Youth, and Families ($100,000), with collaboration from the Administration for Developmental Disabilities. The major goal of the project is to expand a training program being developed by Head Start to prevent abuse and neglect of young handicapped children. With the collaboration of public school personnel this prevention program will also include handicapped kindergarten children. A film on serving a severely handicapped child will be developed to accompany one of the mainstreaming manuals. The RAPs and University Affiliated Facilities programs in five geographic areas will develop and field test the materials in Head Start and public schools. Materials useful for Head Start programs and for public schools will be available for dissemination in 1984-1985.

The list of fifteen RAPs in the network is provided in Appendix B.

D. Coordination With Other Agencies

Current Local Efforts - Head Start programs reported working with other agencies in several ways. Of the 54,904 handicapped children enrolled in the programs, 23,405 (42.7 percent) had been referred to Head Start by other agencies or individuals, including welfare departments, public school systems, Easter Seal Societies, and Crippled Children Associations; of those referred, 11,036 (47 percent) were professionally diagnosed as handicapped prior to enrollment in Head Start.

Nearly 67 percent of the handicapped children in Head Start received special education or related services from other agencies. These services included speech therapy, language stimulation, physical therapy, and other therapy related to the child's specific handicapping condition, special health services, special equipment for the child, and family counseling. About 56 percent of the programs utilized 6,062 additional staff from outside agencies to provide special assistance for handicapped children. About 97 percent of the programs reported having written or informal agreements with LEAs or other agencies regarding services for handicapped children.

A total of 530 Head Start programs (29 percent) had a written agreement with LEAs regarding services to be provided to handicapped children during Head Start, and another 1,033 (56.5 percent) had an informal agreement with LEAs regarding such services. Additionally, 337 Head Start programs (18.4 percent) had a written agreement, and 1,145 (62.6 percent) had an informal agreement with LEAs regarding the placement of, or services to be provided to, handicapped children upon entry to kindergarten or first grade.

A total of 903 (49.4 percent) of the Head Start programs had written agreements with agencies other than LEAs regarding services to be provided to handicapped children in Head Start. A total of 1,219 (66.7 percent) of the programs reported informal agreements with other agencies to provide services to handicapped children in Head Start.

APPENDIX A

Diagnostic Criteria for Reporting Handicapped Children in Head Start

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses. These professionals must take into consideration the cultural/ethnic characteristics of the Head Start children.

To be counted as handicapped, children must meet two criteria. They must have one of the following handicapping conditions (by professional diagnosis) and, by reason thereof, require special education and related services.

Blindness - A child shall be reported as blind when any one of the following exists: (a) the child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Handicap) - A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness has been made in the State of residence.

Hearing Impairment (Handicap) - A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) the child has hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

---

* Multiple Handicaps: Children will be reported as having multiple handicaps when, in addition to their primary or most disabling handicap, one or more other handicapping conditions are present.

Physical Handicap (Orthopedic Handicap) - A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contractures, and cerebral palsy.

Speech Impairment (Communication Disorder) - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - These impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, neurological disorders, or autism.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include, but not be limited to, the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and noncommunicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, or psychotic.

Specific Learning Disabilities - These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Not included are learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language, spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and special educators with at least Master's degrees and evidence of special training in the diagnosis of learning disabilities.)

APPENDIX B

1982-1983 Resource Access Project Network*

DHHS Region	States Served	Resource Access Project (RAP)
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Square Village, Suite 1M New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	Georgetown University Child Development Center 3800 Reservoir Road, NW Bles Building Washington, D.C. 20007
IV	Florida Georgia North Carolina South Carolina	Chapel Hill Training-Outreach Project Lincoln Center, Merritt Mill Road Chapel Hill, North Carolina 27514
	Mississippi	Friends of Children Head Start 119 Mayes Street Jackson, Mississippi 39213
	Alabama Kentucky Tennessee	Peabody College/Vanderbilt University Box 317 Nashville, Tennessee 37203
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe School 403 East Healey Champaign, Illinois 61820
	Michigan Minnesota Wisconsin	Portage Project 626 East Slifer Street Portage, Wisconsin 53901

DHHS Region	States Served	Resource Access Project (RAP)
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Projects Division P.O. Box 4170 Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit 26 Kansas City, Kansas 66103
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	Denver Research Institute/SSRE University of Denver Denver, Colorado 80208
IX	Arizona California Nevada	Child, Youth and Family Services 1741 Silverlake Boulevard Los Angeles, California 90026
	Pacific Trust Territories and Hawaii	University of Hawaii Biomedical Building, C-105M 1960 East West Road Honolulu, Hawaii 96822
X	Idaho Oregon Washington	Portland State University Division of Continuing Education P.O. Box 1491 Portland, Oregon 97207
	Alaska	Easter Seal Society of Alaska 620 East 10th Avenue, Suite 203 Anchorage, Alaska 99501

*A sixteenth RAP, American Indian Law Center, Inc., P.O. Box 4456 - Station A, Albuquerque, New Mexico 87196, was funded in 1984 to serve American Indian programs in ten western states.

APPENDIX C

Survey Results of Handicapped Children in Head Start by State* (or Geographical Entity)

Full Year 1982-1983

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Alabama	38	11,183	1,227	10.97
Alaska	3	753	97	12.88
Arizona	18	3,390	394	11.62
Arkansas	20	6,334	798	12.60
California	128	36,391	3,722	10.23
Colorado	25	5,259	659	12.53
Connecticut	25	4,745	559	11.78
Delaware	5	975	129	13.23
District of Columbia	4	2,197	231	10.51
Florida	31	12,441	1,356	10.90
Georgia	39	10,299	1,240	12.04
Hawaii	4	1,170	139	11.88
Idaho	8	1,164	274	23.54
Illinois	73	25,403	2,731	10.75
Indiana	35	6,770	1,009	14.90

*State data exclude Migrant and Indian Programs.

**These enrollment data reflect total actual enrollment, including dropouts and late enrollees as obtained from item 16 B1f of the Project Head Start 1982-1983 Annual Program Information Report (PIR).

***The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1983 or the end of the operating year.

APPENDIX C (continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1982-1983

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Iowa	22	3,320	509	15.33
Kansas	22	3,063	521	17.01
Kentucky	47	11,211	1,254	11.19
Louisiana	39	9,836	1,267	12.88
Maine	13	1,804	338	18.74
Maryland	27	5,181	719	13.88
Massachusetts	32	8,440	1,152	13.65
Michigan	89	22,776	2,366	10.39
Minnesota	26	4,871	635	13.04
Mississippi	22	29,600	3,221	10.88
Missouri	22	9,168	1,403	15.30
Montana	9	1,162	170	14.63
Nebraska	14	1,787	289	16.17
Nevada	4	469	102	21.75
New Hampshire	6	749	112	14.95
New Jersey	32	9.919	1,096	11.05

*State data exclude Migrant and Indian Programs.
**These enrollment data reflect total actual enrollment, including dropouts and late enrollees as obtained from item 16 B1f of the Project Head Start 1982-1983 Annual Program Information Report (PIR).
***The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1983 or the end of the operating year.

APPENDIX C (continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1982-1983

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
New Mexico	23	3,935	444	11.28
New York	151	23,928	2,607	10.90
North Carolina	41	11,060	1,367	12.36
North Dakota	5	562	102	18.15
Ohio	76	23,450	3,032	12.93
Oklahoma	26	8,145	1,253	15.38
Oregon	18	2,141	498	15.85
Pennsylvania	62	16,117	2,591	16.08
Rhode Island	8	1,473	202	13.71
South Carolina	19	6,659	776	11.65
South Dakota	7	970	164	16.91
Tennessee	24	9,194	1,213	13.19
Texas	93	22,693	2,133	9.40
Utah	10	1,837	226	12.30
Vermont	6	759	122	16.07

*State data exclude Migrant and Indian Programs.
**These enrollment data reflect total actual enrollment, including dropouts and late enrollees as obtained from item 16 B1f of the Project Head Start 1982-1983 Annual Program Information Report (PIR).
***The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1983 or the end of the operating year.

APPENDIX C (continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1982-1983

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Virginia	30	5,049	763	15.11
Washington	26	4,160	701	16.85
West Virginia	25	4,027	655	16.27
Wisconsin	35	6,428	759	11.81
Wyoming	5	689	137	19.88
American Samoa	1	1,800	8	0.44
Guam	1	356	29	8.15
Puerto Rico	29	15,537	1,617	10.41
Trust Territories of The Pacific Islands****	5	1,520	55	3.62
Virgin Islands	1	1,097	50	4.56
State Subtotal	1,609	426,416	51,223	12.01
Indian Programs	93	15,138	1,605	10.60
Migrant Programs	67	19,130	2,076	10.85
Total	1,769	460,684	54,904	11.92

*State data exclude Migrant and Indian Programs.
**These enrollment data reflect total actual enrollment, including dropouts and late enrollees as obtained from item 16 B1f of the Project Head Start 1982-1983 Annual Program Information Report (PIR).
***The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1983 or the end of the operating year.
****Include Head Start programs in the Commonwealth of Northern Mariana Islands, Marshall Islands, Ponape, Truk, and Yap.

GPO 917-810